

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS MAR 1 2012

Date Received
Official Use Only

COVER PAGE

BY: B. J. H.

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Lara Ricardo

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

50th Assembly District

Your Position

Assembly Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☐ City of _____☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/12
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Lara, Ricardo

► NAME OF SOURCE

Tech America

ADDRESS (Business Address Acceptable)

455 Capitol Mall, Suite 600, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 17 / 11	\$ 101.13	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Building Industry Association

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 16 / 11	\$ 177.52	Concert Tickets
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Planned Parenthood Affiliates of California

ADDRESS (Business Address Acceptable)

555 Capitol Mall, Suite 510, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 18 / 11	\$ 65.79	Breakfast
/ /	\$	
/ /	\$	

► NAME OF SOURCE

The Bicycle Casino

ADDRESS (Business Address Acceptable)

7301 Eastern Avenue, Bell Gardens, CA 90201-4503

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 11	\$ 610.00	Event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Consumer Attorneys of California

ADDRESS (Business Address Acceptable)

770 L Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 11	\$ 175.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Dental Association

ADDRESS (Business Address Acceptable)

1201 K Street, 14th Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 7 / 11	\$ 189.06	Dinner
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Lara, Ricardo
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► NAME OF SOURCE

California Democratic Party

ADDRESS (Business Address Acceptable)

1401 21st Street, Suite 200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 117.09	Caucus Dinner
3 / 30 / 11	\$ 86.82	Freshman Dinner
/ /	\$	

► NAME OF SOURCE

California Medical Association (CMA)

ADDRESS (Business Address Acceptable)

1201 J Street, Suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 14 / 11	\$ 65.52	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Southern California Edison

ADDRESS (Business Address Acceptable)

2244 Walnut Grove Ave., Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 7 / 11	\$ 29.65	Meal/Beverage
3 / 23 / 11	\$ 318.12	Tickets/Parking/Drinks
/ /	\$	

► NAME OF SOURCE

Commerce Casino Los Angeles

ADDRESS (Business Address Acceptable)

6131 E. Telegraph Road, Commerce, CA 90040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 25 / 11	\$ 78.84	Lunch
/ /	\$	
/ /	\$	

► NAME OF SOURCE

California Poultry Federation

ADDRESS (Business Address Acceptable)

4640 Spyres Way, Suite 4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 11	\$ 242.71	Dinner/Shuttle
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Heal the Bay

ADDRESS (Business Address Acceptable)

1444 9th Street, Santa Monica

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 19 / 11	\$ 150.00	Meal
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Lara, Ricardo
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► NAME OF SOURCE
OCEANA

ADDRESS (Business Address Acceptable)
99 Pacific Street, Suite 155-C, Monterey, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 17 / 11</u>	\$ <u>287.59</u>	<u>Monterey Bay Tour</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Walt Disney Company

ADDRESS (Business Address Acceptable)
500 South Buena Vista Street, Burbank, CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 19 / 11</u>	\$ <u>210.00</u>	<u>Park Tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
CHI - CA Healthcare Institute & BayBio BioMed

ADDRESS (Business Address Acceptable)
888 Prospect Street, Suite 220, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 11</u>	\$ <u>81.64</u>	<u>Dinner - CHI</u>
<u>2 / 1 / 11</u>	\$ <u>81.64</u>	<u>Dinner - BayBio</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Los Angeles Chamber of Commerce

ADDRESS (Business Address Acceptable)
350 S. Bixel Street, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 10 / 11</u>	\$ <u>140.58</u>	<u>Dinner/Beverage</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
John A. Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 South Figueroa Street, Suite 4050, Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 9 / 11</u>	\$ <u>84.30</u>	<u>Jacket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
BP America Inc.

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1990, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 11</u>	\$ <u>392.86</u>	<u>Concert Tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Lara, Ricardo
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► NAME OF SOURCE
Walt Disney Company
 ADDRESS (Business Address Acceptable)
500 South Buena Vista Street, Burbank, CA 91521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Amusement Parks

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 11</u>	<u>\$ 98.00</u>	<u>Food, Parking, & Tour</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Verizon Communications, Inc.
 ADDRESS (Business Address Acceptable)
1201 K Street, Suite 960, Sacramento
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 7 / 11</u>	<u>\$ 71.61</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Building Industry Association (CBIA)
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1200, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 26 / 11</u>	<u>\$ 101.62</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Chukchansi Economic Development Authority
 ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg C, Coarsegold, CA 93614
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 28 / 11</u>	<u>\$ 10.80</u>	<u>Dinner</u>
<u>7 / 28 / 11</u>	<u>\$ 40.00</u>	<u>Ticket to Los Lobos</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Northern California Water Association
 ADDRESS (Business Address Acceptable)
455 Capitol Mall, Suite 335, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 17 / 11</u>	<u>\$ 210.55</u>	<u>Northern CA Tour</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona Road, Lakeside, CA 92040-1599
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 12 / 11</u>	<u>\$ 72.58</u>	<u>Car Transportation</u>
<u>5 / 12 / 11</u>	<u>\$ 60.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Lara, Ricardo

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
Council of State Governments-West
ADDRESS (Business Address Acceptable)
1107 Ninth Street, Suite 730
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 9 / 11 / 11 - 9 / 16 / 11 AMT: \$ 2,239
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Transportation, Hotel, and Meals

► NAME OF SOURCE
National Conference of State Legislatures (NCSL)
ADDRESS (Business Address Acceptable)
7700 East First Place
CITY AND STATE
Denver, Colorado 80230
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 8 / 7 / 11 - 8 / 9 / 11 AMT: \$ 1,309.79
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Lodging @ 696.99, Airfare @ 494.80, Meals @ 118.00

► NAME OF SOURCE
National Association of Latino Elected & Appointed Off
ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd., 3rd Floor
CITY AND STATE
Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 6 / 22 / 11 - 6 / 25 / 11 AMT: \$ 2,170.08
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Flight, Hotel, and meal.

► NAME OF SOURCE
National Association of Latino Elected & Appointed Off
ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd., 3rd Floor
CITY AND STATE
Los Angeles, CA 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)

DATE(S): 9 / 25 / 11 - 9 / 29 / 11 AMT: \$ 1,712.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Flight, Hotel, and meal.

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Lara, Ricardo

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

The Latin American Dental Association

ADDRESS (Business Address Acceptable)

8202 Florence Avenue, Suite 101

CITY AND STATE

Downey, CA 90240

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 2 / 4 / 11 - 2 / 6 / 11 AMT: \$ 623.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Hotel @ 164.00. Airfare @ 409.00. Food @ 50.00 to
visit La Salle University Dental Program.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____